

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2128HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/19/2010
NAME OF PROVIDER OR SUPPLIER DESERT WILLOW TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6171 W CHARLESTON BLVD, BLDG #17 LAS VEGAS, NV 89146		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	Initial Comments This Statement of Deficiencies was generated as a result of a State licensure resurvey conducted in your facility on 2/18/10 and 2/19/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. The resurvey was conducted to ensure compliance with the findings of the State licensure focus and complaint survey conducted on 8/27/09. The resurvey found that: 1. The plan of correction was not implemented for Tag 318. (Denial of Rights form will be consistently completed for all patients when on suicide precautions or not able to wear their own clothing or when mattress is placed on the floor of the hall.) 2. The plan of correction was not implemented for Tag 602. (Consistent documentation for all PRN medications, documenting the reasons and results for all one time medications.) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	{S 000}	S 318 – Rights of Patient DWTC will ensure Denial Of Rights For Persons With Mental Illness form will be consistently completed for all patients when on suicide precautions, not able to wear their own clothing, when mattress is placed in the hallway for patients to sleep in eye's view of staff, and when any other patient right is denied. Revised the Patient's Rights policy and Patient Rights And Responsibilities form, and they were approved by the Leadership Executive Team. Developed Patient's Rights Quiz and Letter of Understanding (LOU) of having read, understood, and will adhere to policy. Updated database to track signed LOUs. Distributed revised Patient's Rights policy, quiz, and LOU to all staff. Revised Patient Rights And Responsibility form was placed in admission packet. Deadline to return quiz and LOU in order to be entered into database for tracking purposes. Medical Records will revise night audit form to include revised Patient Rights And Responsibility form with signature lines. Medical Records will provide the Quality Assurance Specialist with Patient Rights audit results on a bi-weekly basis (then quarterly after two consecutive bi-weekly results reveal no exceptions) for data assessment. Develop and implement Denial of Rights Audit form for direct observation of the denial of any patient rights. Audit will document which patient right was denied, whether physician's order was obtained, and whether Denial of Rights form was	03/29/10 02/25/10 03/15/10 03/19/10 03/22/10 03/22/10 03/29/10 03/29/10 04/12/10 04/05/10
S 318 SS=F	NAC 449.3626 Rights of Patient A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive. This Regulation is not met as evidenced by: Based on interview, record review and document review, the facility failed to implement their plan	S 318		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Lucinda D. Sanbardo, PhD, LCSW, CPM II
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Clinical Program Manager II
(X6) DATE
3/25/10

STATE FORM

6899

HPKN12

If continuation sheet 1 of 2

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S 318	Continued From page 1 for denial of rights for patients requiring suicide precautions for all patients. Severity: 2 Scope: 3	S 318	completed. Audit to be implemented by nursing supervisors during unit rounds (then will transition to a multidisciplinary team within three months). Audit form is reviewed weekly by DON and CPM II for oversight and compliance.	
{S 602} SS=F	NAC 449.394 Psychiatric Services 3. A hospital shall develop and carry out policies and procedures for the provision of psychiatric treatment and behavioral management services that are consistent with NRS 449.765 to 449.786, inclusive, to ensure that the treatment and services are safely and appropriately used. The hospital shall ensure that the policies and procedures protect the safety and rights of the patient. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide consistent documentation for as needed (PRN) medication for 8 of 8 patients reviewed. Severity: 2 Scope: 3	{S 602}	DON (then will transition to a multidisciplinary team within three months) will provide the Quality Assurance Specialist with the Denial of Rights Audit forms on a bi-weekly basis for data assessment. Quality Assurance Specialist will present results of Patient Rights audits and Denial of Rights audits to the DON and CPM II bi-weekly and to Leadership Executive Team monthly for oversight and compliance. S 602 – Psychiatric Services DWTC will ensure consistent documentation of PRN medications, documenting the reason and results of the medications for all patients (Patients #2 and #5 were discharged; Patients #1, #3, #4, #6, #7, and #8 remain in inpatient treatment at DWTC). Nurse supervisors will monitor for compliance the PRN medication management of all patients. Revised the Medication Management policy to clearly delineate the documentation of PRN medications. Policy to be approved by the Leadership Executive Team. Developed Medication Management Quiz and LOU of having read, understood, and will adhere to policy. Updated database to track signed LOUs. Distribute revised Medication Management policy, quiz, and LOU to all nurses. Deadline to return quiz and LOU in order to be entered into database for tracking purposes.	04/19/10 04/30/10 04/05/10 03/25/10 03/23/10 03/23/10 03/29/10 04/05/10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Develop and implement an audit form regarding the documentation of PRN medications. Audit will document patient name, medication, dosage, and the reason and results on MAR. Audit to be implemented by nursing supervisors during unit rounds. Audit form is reviewed weekly by DON and CPM II for oversight and compliance.

DON will provide the Quality Assurance Specialist with PRN medication audits on a bi-weekly basis for data assessment.

Quality Assurance Specialist will present results of PRN medication audits to the DON and CPM II bi-weekly and to Leadership Executive Team monthly for oversight and compliance.

04/05/10

04/19/10

04/30/10